

Articles of Organization DOMESTIC Limited Liability Company	SECRE CORP 2018 JUI			
→ Filing Fee: \$150.00	CECE!			
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organ The limited liability company to be organized hereby:	VED OF S ONS O			
The name of the limited liability company is:	Ø √ [7]			
10 Narragansett Ave LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Corporation Service Company				
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200				
City/Town Warwick	State Zip Code 02888			
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):				
partnership or		· · · · · · · · · · · · · · · · · · ·		
a corporation or				
disregarded as an entity separate from its member(s)				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
Street Address 50 Milk Street, 16th Floor				
City/Town Boston	State MA	Zip Code 02110		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	iwful business, and shall ha more limited purpose or du	ve perpetual existence ration is set forth in		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles				
 6. Additional provisions, if any, notice of Organization, including, but not company is formed, and any other 	ot limited to, any limitat	tion of the purpose(s) o	r duration for which the limited liability	
Not applicable	•	•		
			Check this box to indicate attachment	
7. The Limited Liability Company	/ is to be managed by:			
You MUST check one box:				
its member(s) (If you have o	checked this box, skip	to Section 8. Do not fil	I out the chart below.)	
One (1) or more manager(s	s) (If the limited liability	company has manage	r(s) at the time of the filing of these Articles	
of Organization, state the na	ame and address of ea	ich manager below.)		
MANAGER	ADDRESS	ADDRESS		
42 North Capital LLC	EO Mills Carnet 45th Floor Floor MA 00400			
42 North Capital LLC	42 North Capital LLC 50 Milk Street, 16th Floor, Boston, MA 02109			
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8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any				
accompanying attachments, and	l that all statements co		and correct.	
Name of Authorized Person Address Address				
Mary Cerio, Manager of 42 North Capital LLC, Manager of 10 Narragansett Ave LLC 50 Milk Street, 16th Floor		Floor		
City/Town	70 220	State	Trin Code	
•		State	Zip Code	
Boston		MA	02109	
Signature of Authorized Person			Date	
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JANAY DY CUMENT HERE		07/11/2018		